A TOOL which quantifies prominent health issues in a community setting based on a set of indicators, which are scored triangulating the health facility service utilization and opinion and feedback of service seekers and management committee alike.

**POLICY CONTEXT**

- **Collaborative Framework for Strengthening Local Health Governance (2013)** Signed between the Ministry of Health and Population (MoHP) and Ministry of Federal Affairs and Local Development (MoFALD) in principle focus on strengthened local governance and local health systems; Responsiveness, local leadership and ownership; and Community empowerment, participation and accountability

- **National health policy 2014**: Ensure effective health sector governance through appropriate policies, institutional arrangements, and management in health service delivery.

- **Nepal Health Sector Strategy (2015-2020)**: Improved health sectors management and governance is one the nine outcomes areas

**CONCEPTUAL FRAMEWORK**

**STAKEHOLDERS**

- Service seekers
- Service providers (Health workers)
- Health Facility and Operations Management Committee (HFOMC) and local government representative

**JOINT MEETING/ COMMON PLATFORM**

**STAKEHOLDERS**

- Service seekers
- Service providers (Health workers)
- Health Facility and Operations Management Committee (HFOMC) and local government representative

**INPUT**

- Opinion/feedback
- Perception on quality of health service
- Service utilization data from health facility
- Indicators on the score board
- Identification of poor performing health facilities and marginalized communities
- Budgetary allocation for regular meeting
- Orientation on the modality/process of CHSB

**OUTPUT**

- Meaningful engagement of community especially women and marginalized groups on local health issues
- Better understanding among service providers on community’s health issue;
- Enabling environment for service providers to provide quality service;
- Improved relations with management committee
- Increased recognition of administrative issues hampering quality service;
- Increase ability to monitor and validate performance of health facility; and
- Bottleneck identification and work plan design

**OUTCOME**

- Increased access and utilization of health services specially women and marginalized communities
- Improvement in quality of health service
- Work plan to overcome bottleneck
- Policy inputs to the local government

**IMPACT: Improved Health status through increased accountability (transparency, efficacy, responsiveness)**

**CHSB CONTRIBUTION TO SUSTAINABLE DEVELOPMENT GOALS (SDGS)**

- **Goal 3.** Ensure healthy lives and promote well-being for all at all ages.
- **Goal 5.** Achieve gender equality and empower all women and girls.
  - **Target 5.6:** Ensure universal access to sexual and reproductive health and reproductive rights
  - **Goal 16.** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.
  - **Target 16.6:** Develop effective, accountable and transparent institutions at all level.
  - **Target 16.7:** Ensure responsive, inclusive, participatory and representative decision-making at all levels

CARE pioneered this methodology in 2002 in Malawi. Since then, CARE has developed a global toolkit on this approach for the field and implemented this approach in more than 6 other countries including Nepal.
### Example of a Score Board

#### Scoreboard Section

<table>
<thead>
<tr>
<th>S.N</th>
<th>Indicators**</th>
<th>Current score</th>
<th>Three reasons for the score</th>
<th>Previous score</th>
<th>Target score</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Status of HMG* meeting and discussion in the meeting on health issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Regularity of outreach/immunization clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Status of 4 recommended ANC visits and institutional delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Status of health governance and health facility management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Health service utilization status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Quality of health service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Status of Gender Equality and Social Inclusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HMG: Health Mothers’ Group.** **Indicators:** They are subject to change based context. The ones presented here are examples.

**Note:** The scoreboard has two different sections

- **Scoreboard section:** All the three sides discuss and agree on a score after triangulating the views of the health workers, management committee and the community including the health service utilization data recorded at the health facility. Further, three reasons are provided for the scores;
- **Work plan section:** After recording the score action required to further improve the score, sustain it and overcome bottlenecks that may prevent further improvement are laid out in the form of a work plan. The work plan is written in the form of pointers. The task of taking the plan forward is assigned outlining the primary and secondary role.

#### Work Plan Section

<table>
<thead>
<tr>
<th>S.N</th>
<th>Indicators**</th>
<th>Work plan</th>
<th>Primary responsibility</th>
<th>Supporting role</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Status of HMG meeting and discussion in the meeting on health issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Regularity of outreach/immunization clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Status of 4 recommended ANC visits and institutional delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Status of health governance and health facility management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Health service utilization status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Quality of health service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Status of Gender Equality and Social Inclusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Discussion point for each indicator**

<table>
<thead>
<tr>
<th>S.N</th>
<th>Indicators</th>
<th>Discussion point</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Status of HMG meeting and discussion in the meeting on health issues</td>
<td>Attendance of mothers at the HMG, regularity of the meeting, discussion on health issues, referral to the health facility from community level and operation of mothers’ group fund.</td>
</tr>
<tr>
<td>2</td>
<td>Regularity of outreach/immunization clinic</td>
<td>Availability of logistics in outreach clinic, information on opening time and place of the clinic and service utilization.</td>
</tr>
<tr>
<td>3</td>
<td>Status of 4 recommended ANC visits and institutional delivery</td>
<td>Status of pregnancy checkup, iron tablet consumption, institutional delivery, condition of room for pregnancy and post pregnancy checkup.</td>
</tr>
<tr>
<td>4</td>
<td>Status of health governance and health facility management</td>
<td>Status of HFOMC meeting, attendance at the meeting, opening and closing time of the health facility, attendance of health workers, the relation between health worker and community, disbursement of maternity incentives.</td>
</tr>
<tr>
<td>5</td>
<td>Health service utilization status</td>
<td>Service utilization rate and availability of health services.</td>
</tr>
<tr>
<td>6</td>
<td>Quality of health service</td>
<td>Waiting time for service, confidentiality, accessibility to free medications, cleanliness of the health facility, status of equipment at the health facility.</td>
</tr>
<tr>
<td>7</td>
<td>Status of Gender Equality and Social Inclusion</td>
<td>Access and utilization of health services by marginalized communities, the status of couples seeking counseling on family planning services, confidentiality for accessing maternal, sexual and reproductive health services.</td>
</tr>
</tbody>
</table>
CONSULTATION MEETING WITH LOCAL GOVERNMENT

**Agenda**
- Selection of Priority wards/Health facility in local government area (criteria)
  - Population of disadvantaged Community
  - Low rate of health service utilization
  - High turnover and absenteeism of health workers
  - Irregular Management Committee meeting
- Finalize the indicators for scoreboard

ONE-DAY ORIENTATION TO LOCAL GOVERNMENT REPRESENTATIVE, HFOMC AND FCHV ON CHSB

**Agenda**
- Knowledge on modality and its intended outcome
- Selection of HMG sites (criteria)
  - Population of disadvantaged Community
  - Low rate of health service utilization
  - Irregular Health Mother's Group Meeting
- Feedback on the indicator
- Self-evaluation & preparation for upcoming activity

CONDUCTION OF HEALTH MOTHER’S GROUP MEETINGS USING SATH TOOL

**Agenda**
- Use of SATH tool to discuss on health issues and health behavior in the community ranging from service seeking practices of women to health services provided by the health facility which will help validate the claims/opinion of health service providers.
- Feedback on the indicator.
- Compilation of information from discussions in HMG meetings

INTERFACE MEETING (First joint meeting)

**Self-Applied Technique for Quality Health (SATH)** is a social mapping tool designed to be used in health mother's group meeting to enable women in a community to analyze health status and service seeking behavior of a community.

REVIEW MEETING (Every six months)

**Interface meeting** is the final step on the implementation of CHSB where HFOMC, health workers, service users, FCHVs, representatives from CBOs, local political leaders and representatives from local bodies gather to discuss on the performance of health facility.

Review meeting is done after 6 months of interface meeting. The process of the interface and review meeting are the same.
**CHSB IMPACT**

**COMMUNITY REPRESENTATIVE**

“Previously the health workers were not present in the health facility regularly during their duty hours. As a consequence, we held an agitation and locked up the health facility. People used to come from faraway places and end up not finding the health workers. Now it’s not like that anymore, the health workers stay full-time. Now things have changed with the CHSB program. Currently, we can get medications and simple treatment right at our doorstep.”

NETRA KUMARI BHATTARAI, Dudhauili-3, Sindhuli

**SERVICE PROVIDER**

“I have been in this field for quite some time, but it’s hard to find out where exactly I have gone wrong. But after the concept of CHSB has been implemented it has been easier to find those errors and manage it accordingly. Previously we used to implement the programs in their own way. But ever since the scoreboard program has been introduced the community has started taking interest in the matters of the health facility. Further, we now have a better working relationship with the management committee and they listen to our problems and address them.”

BHIM BAHADUR BASNET, Senior Auxiliary Health Worker (SAHW), Nipani health post, Dudhauili-3, Sindhuli

**LOCAL GOVERNMENT REPRESENTATIVE**

During my field visit, I find that people are very happy with this service (CHSB). This lead to a reduction in the prevalence of undernutrition in our ward. Now there are very few cases. There are places in the ward where previously women did not know about the services of the health facility. But following the implementation of the CHSB program we have been a sharp rise in service utilization in those areas especially among women.

GUNANIDHI BHUSAL, Ward Chair, Kapilvastu

**CHANGE IN MATERNAL HEALTH SERVICE UTILIZATION**

<table>
<thead>
<tr>
<th>Service Utilization</th>
<th>Before CHSB Scale up</th>
<th>After CHSB Scale up</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one ANC check up</td>
<td>93%</td>
<td>98%</td>
</tr>
<tr>
<td>Four or more ANC visits</td>
<td>77%</td>
<td>91%</td>
</tr>
<tr>
<td>Institutional delivery</td>
<td>67%</td>
<td>88%</td>
</tr>
</tbody>
</table>

**CHANGE IN BIRTH PREPAREDNESS PRACTICES**

<table>
<thead>
<tr>
<th>Preparedness Practice</th>
<th>Before CHSB Scale up</th>
<th>After CHSB Scale up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrangement of some amount of money</td>
<td>82%</td>
<td>89%</td>
</tr>
<tr>
<td>Arrangement of means of transportation</td>
<td>34%</td>
<td>54%</td>
</tr>
<tr>
<td>Decision on who will assist delivery</td>
<td>6%</td>
<td>23%</td>
</tr>
<tr>
<td>Preparedness of blood donor in case of need</td>
<td>2%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Source: Finale Evaluation of SAMMAN Project

Comments or questions on this technical brief should be addressed to:

CARE Nepal
4/288 – Samata Bhawan
Dhobighat, Lalitpur
Phone: 01-5522800
E-mail: npl.carenepal@care.org